

IMPROVING THE CONFIDENCE AND SKILLS OF NOVICE OBSTETRIC ANAESTHETISTS THROUGH PEER DELIVERED TRAINING IN ELECTIVE AND EMERGENCY CARE.

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CONTEXT

The introduction to anaesthetic practice is well structured and supported by a multi-day course and simulation; recognising the need to properly induct new trainees into an unfamiliar environment. By contrast the transition into obstetric practice is more nebulous and lacks consistency. In the South East deanery no standardised course exists at a regional level.

Peer delivered training offers unique value as trainers can direct material exactly at the right level for the obstetric anaesthetic novice - improving the confidence of candidate and peer trainer [1]. Obstetrics is a different model of working compared to other areas of anaesthetics and with a high likelihood of the anaesthetist being required to participate in or even lead the management of unplanned work and obstetric emergencies.

Multiple reports have identified severe failings in maternity and have suggested a well trained, competent multidisciplinary workforce is crucial to improving the experience and outcomes for birthing people [1].

METHODS

- 2 day free training course:
 - Classroom based and simulation training - Figure 1
- Candidates recruited from across the South East deanery; due to start or recently started training in obstetric anaesthesia.
- CT4 trainees identified learning needs of candidate pool
- Sessions delivered by CT4s, senior trainees and consultants from anaesthetics and obstetrics.
- Subjective confidence assessed pre and post course with questionnaires

REFERENCES

1. Brierley C, Ellis L, Reid ER. Peer-assisted learning in medical education: a systematic review and meta-analysis. Medical Education. 2021 Sep 30;56(4).
2. Independent Maternity Review. (2022). Ockenden report – Final: Findings, conclusions, and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust (HC 1219). Crown. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064302/Final-Ockenden-Report-web-accessible.pdf2.

DAY 1: CLASSROOM	DAY 2: SIMULATION
Analgesia for labour	Post-partum haemorrhage
Epidural practical skills and USS	LA toxicity in theatre
Understanding obstetric basics	Total spinal
C-section: start to finish	PET/Eclampsia
Emergency GA C-section	Cat 1 LSCS
Anaesthesia for operative interventions	
MOH/PET: small groups	Dural puncture
LA toxicity/high spinal: small groups	

Figure 1: Topics covered across the 2 day course

RESULTS

- 9 candidates attended both days of the course and completed pre and post course questionnaires to assess subjective confidence and score the subject matter delivered.
- In addition candidates were questioned on the value of the course and whether this should form part of standardised deanery led teaching.
- Feedback was overwhelmingly positive with scores ranging from 4.22-5/5 for course content.
- Candidates self reported their perceived confidence at managing obstetric emergencies on call - this rose from a pre-course baseline of 3.8/10 to a post course of 7.3/10.



Figure 2 - Freetext commentary from candidates

DISCUSSION

- Following the course there was a marked rise in candidates perceived confidence at managing obstetric emergencies on call.
- Candidates remarked on the value of the course design and delivery being peer led and topics guided towards the obstetric novice.
- A further course will be delivered to standardise the material and further guide content.
- The course can be packaged and offered to other centres or to the deanery itself to deliver on a wider scale.